

CITY OF SAN PABLO**Residential Health and Safety**

Application No.: _____

13831 San Pablo Ave., Bldg. #3, San Pablo, CA 94806**Phone: (510) 215-3061****Note: You may e-mail this application to mavrac@sanpabloca.gov or fax it to (510) 235-9417**

Please complete the following information: (print clearly)

Property Address:	SAN PABLO, CA 94806
Parcel No.:	Date:

PROPERTY OWNER

Name :		
Mailing Address:		
City:	State:	Zip Code:
Phone: (Home)	(Cell/Work)	
Tenant Name:	Phone:	

REPORT TO GO TO – (Agent/Property Manager)

Company:	Name:
Mailing Address:	
City:	State: Zip Code:
Phone:	Fax:
E-mail address:	

Real Estate Agents; inspections are to be performed only with the knowledge and permission of the property owner. Please sign to signify that permission has been granted.

Signature of Real Estate Agent_____
Date**FEES DUES** *(Make checks payable to the "City of San Pablo")*

RHSRE		Condominium or Townhouse Rental() Resale()	\$239.00
RHSRE		Single Family Resale	\$239.00
RHSSF		Single Family Rental or Not Owner Occupied	\$239.00
RHSMU		Duplex	\$312.00
RHSMU		Multiple Family Rental - more than 2 units () Resale ()	
		Number of Buildings_____ X \$337.00	
		Number of Unit (s) _____ X \$24.00	
		TOTAL AMOUNT DUE	
		DATE PAID	